

**RFF-2019-10**

**Respondent Questions and Answers**

**4-11-2019**

**Question # 1**

**"In reviewing the recent RFF I would like to request your consideration of the following:**

**Allen County is the largest county in Indiana and one of the largest in the Midwest. May we submit the RFF and would we be considered for funding if we were working only within Allen County? Logistically it would be difficult (purely from a driving distance standpoint) to include 2 more counties. You have noted that Marion County is able to submit an application as a single county."**

While Allen County is the largest geographic county, the population has 1/3 of Marion County's population. It's ok to submit the proposal for our review. Please make sure the budget is reflective of numbers served and not geographic area.

**Question #2**

**If the Mobile Team is called out to an urban area with a lot of resources, is it still necessary to have a prescriber along with the team?**

The required members must be part of the team, but are not required to go on every run. Be sure to detail this in your proposal.

**Question #3**

**Do you think that our QRT would benefit from this grant? Or if we can even apply for this grant using the QRT approach?**

Absolutely. We believe that the QRTs are the foundation for this initiative, however the current infrastructure of the QRT must be expanded to ensure all components are being met.

**Question #4**

**The language in the RFF states, "No more than one proposal per respondent should be submitted." What does the term respondent mean? Is respondent strictly referring to the applicant, or does it mean organization?**

One respondent per geographic area per TAX ID number. An entity can submit separate proposals for separate geographic areas.

#### **Question #5**

**Will we be able to have the prescriber to do telemedicine on the unit?**

Yes. Please detail this in your proposal

#### **Question #6**

**Also, you mentioned following the rural model in the southern counties. Can you give me the contact person of the mobile unit you would like us to model after? I'm assuming it was Scott County**

While we have two mobile teams functioning, neither models align perfectly with the function of this grant.

#### **Question #7**

**The Scope of Work specifies in #3 that there must be one ED prescriber on the team who has a DATA 2000 waiver and will induce in the ED. This is something that we are working on getting in place with at least one local hospital but it is not likely to be in place by the June 1 start date, not the least due to the lengthy process of securing that waiver. Is there any process for alternative processes to the ED prescriber requirement?**

This does not automatically exclude you from being an applicant, but we ask you detail the timeline for implementation in your proposal. You may look at Overdose Lifeline's website for incentives for prescribers obtaining the waiver.

#### **Question #8**

**If there is on ED prescriber who has the DATA 2000 Waiver and none of the other prescribers do in the ED - then what can be done to cover the rest of the shifts that are covered by non-DATA 2000 Waiver prescribers?**

This will not automatically disqualify you for the grant. Please detail your community's plan to resolve this in your proposal. You may look at Overdose Lifeline's website for incentives for prescribers obtaining the waiver.

#### **Question #9**

**Also there is concern that if the community knows or 3 counties know that an ED prescriber in Montgomery County can start Buprenorphine - then how many people from other counties will present at the Crawfordsville ED?**

Your concern is noted but ultimately the result will include more people getting necessary treatment. If Montgomery County becomes overwhelmed, it may be a good idea to increase neighboring county's prescribers to alleviate this overflow. Please see Overdose Lifeline's website for incentives for prescribers obtaining the waiver.

#### **Question #10**

**This issue is also tied to item D in Plan of Operation. Can the RFF be used for planning to sort these type of issues out?**

Time for planning is allowable, but the system must be operational within 90 days of contract start date. Please detail this timeline in your proposal and identify potential barriers to implementation.

#### **Question #11**

**Can you define mobile response team means? Who needs to go out to the location of need beside the peer recovery coach (which is listed in #2 of the scope of work)? Does the prescriber need to go out?**

The required members must be part of the team, but are not required to go on every run. Be sure to detail this in your proposal.

#### **Question #12**

**What does an adjusted GPRA assessment mean?**

The GPRA is attached.

#### **Question #13**

**Is this service expectation 24/7? Are there expected hours of operation?**

This system should have some level of access at all times of day.

#### **Question #14**

**Can this team be built without the ER Physician prescribing Buprenorphine but connecting the individual to services from the ER depending upon what their needs are? Providers that have prescriptive authority for Buprenorphine are short in the counties that we serve so having the option to connect with the patients to a provider outside of the ER would help in building this team.**

It is understandable if there are challenges in getting an ED prescriber. Interim plans for outside prescribers can be considered, but will not be allowed as the permanent solution for this funding. Funding is being made available based on all 5 criterion being met.

**Question #15**

**Do all four required members of the response team – clinician, peer recovery coach, prescriber, and law enforcement official – have to be in the vehicle at all times?**

The required members must be part of the team, but are not required to go on every run. Be sure to detail this in your proposal.

**Question #16**

**Is the mobile team expected to be operational 24 hours a day, 7 days a week?**

There needs to be some level of access to this system at all hours

**Question #17**

**Is it required to cover every area of the county? Can teams cover the areas determined to be of greatest need?**

The expectation is for the team to cover the entire county/counties. If this is not possible, please justify in your proposal and be sure to make budget reflective of this redaction.

**Question #18**

**Does the state consider Licensed Addictions Counselors (LAC's) certified under the grandfather clause to be a "licensed clinician" as required by the grant?**

We consider licensure through IPLA as meeting the requirement.

**Question #19**

**Can the agency purchase a vehicle with funding from this grant?**

No, this is not an allowable cost under this grant.

**Question #20**

**Can you provide clarification on what certification a peer recovery coach must have?**

At *least* a CAPRC I or the NAADAC credential is required.

**Question #21**

**Does the CCAR certification for recovery coaching meet requirements for the peer recovery coach?**

Yes

**Question #22**

**Does an organization need to have a peer recovery coach on staff at the beginning of the funding period?**

No but this position must be in place prior to serving anyone.

**Question #23**

**How many questions are on the adjusted GPRA?**

See Attached (attach)

**Question #24**

**Can a CMHC submit the RFF response for a partnership?**

Yes as long as the CMHC is involved in the necessary coalition and necessary support is shown

**Question #25**

**Does the ED prescriber needed to be identified in the response?**

It is understandable if there are challenges in getting an ED prescriber. Interim plans for outside prescribers can be considered, but will not be allowed as the permanent solution for this funding. Funding is being made available based on all 5 criterion being met.

**Question #26**

**Can an APRN be the prescriber for the mobile response team?**

As long as they have the DATA waiver and are practicing within the scope of SAMHSA requirements ([see SAMHSA website](#))

**Question #27**

**Due to the numerous questions regarding this submission can we please request a bidder's conference to discuss?**

Yes, April 16, 2019 at 1pm EST. We are working to set up a conference line. This will be open to all potential respondents.

**Question #28**

**Which parties of the licensed clinician, peer recovery coach, prescriber and law enforcement official must meet the patient in the field?**

The required members must be part of the team, but are not required to go on every run. Be sure to detail this in your proposal.

**Question #29**

**Must the prescriber's services be rendered in the emergency or is a mental health walk-in clinic with a waived prescriber acceptable?**

Interim plans for outside prescribers can be considered, but will not be allowed as the permanent solution for this funding. Funding is being made available based on all 5 criterion being met. This will only be considered if a detailed plan with a warm hand off is included in the proposal to be sure somebody walks with the person to the clinic.

**Question #30**

**Please describe how access to the three MAT medications must work. Specifically, does a single provider need to be able to provide all three or is a referral to an opioid treatment program at another provider acceptable?**

Interim plans for outside prescribers can be considered, but will not be allowed as the permanent solution for this funding. Funding is being made available based on all 5 criterion being met. This will only be considered if a detailed plan with a warm hand off is included in the proposal to be sure somebody walks with the person to the clinic. A "hands-off" referral will not be acceptable for this system. This is why the peer recovery coach is so imperative.

**Question #31**

**Is a contract with a Methadone clinic acceptable?**

Please refer to answer above. OTP must be included as part of the TI ROSC in your system

#### **Question #32**

**If we have a data-waivered physician provider on our team, does there need to be a data waiver physician in the ED too? We anticipate using our physician in an outpatient office immediately after the client being released from the ED.**

Interim plans for outside prescribers can be considered, but will not be allowed as the permanent solution for this funding. Funding is being made available based on all 5 criterion being met. This will only be considered if a detailed plan with a warm hand off is included in the proposal to be sure somebody walks with the person to the clinic. A “hands-off” referral will not be acceptable for this system. This is why the peer recovery coach is so imperative.

#### **Question #33**

**Would a vehicle be an appropriate item for the budget?**

No, this is not an allowable expense under this grant.

#### **Question #34**

**It appears there are only two counties that are a Trauma-Informed-Recovery Oriented Systems of Care. Is it required we are a part of one of the two pilot counties?**

Our National Council for Behavioral partners offered regional trainings to stakeholders in Indiana in February 2019. Please see the attached [toolkit](#) to see how to create or adapt a TI-ROSC in your community.

#### **Question #35**

**Is there a list of other Trauma-Informed-Recovery Oriented Systems of Care? In section 2H it indicates we need to share information with them, but we are unsure who is on the list other than the two pilot counties.**

We would encourage all community member to reach out to stakeholders to find out if a similar agency is in existence. Please see the attached [toolkit](#).